

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MB</i>		
O.I.P.E. CLASSIFIER		<i>4/3</i>	<i>6/2/99</i>
FORMALITY REVIEW		<i>7/1/99</i>	<i>6/24/99</i>
		<i>1/1/99</i>	<i>7/1/99</i>
			<i>8/12/99</i>

INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ (Through numeral)..... Canceled  
☐ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Original	Date
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
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36	✓	✓
37	✓	✓
38	✓	✓
39	✓	✓
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44	✓	✓
45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Original	Date
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Claim	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here